### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 1646 Sequence submission?:: YES

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title: PEPTIDE POTENTIATION OF ACID-

SENSORY ION CHANNEL IN PAIN

Attorney Docket Number:: P04404US01

Request for Early Publication:: NO Request for Non-Publication:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: YES

#### **Applicant Information**

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: J.

Family Name:: Welsh

City of Residence:: Riverside

State or Province of Residence:: IA

Country of Residence:: US

Street of mailing address:: 3460 560th Street

City of mailing address:: Riverside

State or Province of mailing address:: IA

Page # 1 Initial 8/18/03

Country of mailing address:: US

Postal or Zip Code of mailing address:: 52327

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Candice

Middle Name:: C.

Family Name:: Askwith
City of Residence:: lowa City

State or Province of Residence:: IA

Country of Residence:: US

Street of mailing address:: 2156 Plaen View Drive

City of mailing address:: lowa City

State or Province of mailing address:: IA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 52242

#### **Correspondence Information**

Correspondence Customer Number:: 22885

Name:: McKee, Voorhees & Sease, P.L.C.
Street of mailing address:: 801 Grand Avenue, Suite 3200

City of mailing address: Des Moines

State or Province of mailing address: IA

Country of mailing address:: US

Postal Zip Code or mailing address:: 50309-2721

Phone number:: 515-288-3667

Fax number:: 515-288-1338

E-Mail Address:: patatty@ipmvs.com

#### **Representative Information**

Page # 2 Initial 8/18/03

Representative Customer	22885	
Number::		

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional	09/557,506	April 25, 2000
	1		

# **Assignment Information**

Assignee name:: University of Iowa Research Foundation

Street of mailing address:: Technology Innovation Center

City of mailing address:: Oakdale

State or Province of mailing address:: IA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 52319